

CLAIMS ONLY						Application Number 10085 345	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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32	1						
33	1						
34	1						
35	1						
36	1						
37	1						
38	1						
39	1						
40							
41							
42							
43							
44							
45							
46	1						
47		1					
48		1					
49		1					
50							
Total Indep							
Total Depend							
Total Claims							

BEST AVAILABLE COPY